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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H R 4818)				Complete			
			Application Number 10/518,4				
FEE TRANSMITTAL			Filing Date		December 16, 2004		
For FY 2005			First Named Inventor		Haruvasu Yawata		
			Examiner Name	Tidiayas	Gettman, Christina Danielle		
Applicant claims small entity status. See 37 CFR 1.27			Art Unit		3734		
TOTAL AMOUNT OF PAYMENT (\$) 950.00		Attorney Docket No.		2553-USP-PCT-US			
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
Deposit Account Deposit Account Number: 01-2215 Deposit Account Name Applied Medical Resources Corporation							
For the above-identified deposit account the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below except for the filing fee							
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under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card							
information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES							
	Small Entity		Small Entity	Small	<u>Entity</u>	F D-14 (A)	
	e (\$) Fee (\$)	Fee (<u>· (\$)</u>	Fees Paid (\$)	
Utility 30	1-0	500		200 10	-		
Design 20		100		130 6			
Plant 20	100	300		_	0 –		
Reissue 30	****	500		600 30			
Provisional 20 2. EXCESS CLAIM FEES	00 100	0	0	0	0 –	0	
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)							
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25							
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100							
Multiple dependent claims 360 180 . <u>Total Claims</u> 27 Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims							
4620 or μer = 19 x 50 = 950 Fee (\$) Fee Paid (\$)							
HP = highest number of total claims paid for, if greater than 20 Indep. Claims							
Indep, Claims 4 Extra Claims Fee (\$) Fee Paid (\$) 4 -3 이가바이 0 x 200 = 0							
HP = highest number of independent claims paid for if greater than 3							
3. APPLICATION SIZE FEE If the provident time and the prime appeared 100 shorts of course the confliction size for the in \$250 (\$125 for small antity)							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
100 = / 50 = (round up to a whole number) x =							
4. OTHER FEE(S) Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount)							
Other:							
SUBMITTED BY							
Signature 24	replet		Registration No (Attorney/Agent) 53,2	57	Telephone 9	49-713-8233	
					Date Septe	ember 14, 2007	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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